Meaningful Use Workgroup Subgroup #3:
Improving Care Coordination
Transcript
July 16, 2012

Presentation

Operator

All lines are now bridged.

MacKenzie Robertson – Office of the National Coordinator

Thank you. Good afternoon everybody. This is MacKenzie Robertson in the Office of the National Coordinator. This is a meeting of the HIT Policy Committee's Meaningful Use Workgroup Subgroup #3, Improve Care Coordination. This a public call and there will be time for public comment at the end and the call is also being transcribed, so please make sure you identify yourself before speaking. I'll now take roll. Charlene Underwood?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Charlene. Michael Barr? Jessica Kahn? David Bates? George Hripcsak? Eva Powell?

Eva Powell – National Partnership for Women & Families

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Eva. Leslie Kelly Hall? And Larry Wolf?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Larry. Are there any Workgroup members on the line? And is there any staff on the line?

Liz Palena Hall – Office of the National Coordinator

Yes, Liz Palena Hall.

MacKenzie Robertson – Office of the National Coordinator

Great, thanks, Liz.

Emma Potter – Office of the National Coordinator

Emma Potter, ONC.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Emma. Okay, Charlene, I'll turn it back over to you.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Thank you very much, MacKenzie. Okay for the purpose of the Workgroup today, just to frame where we are in the process, again, it's the intention of our Workgroup to make a recommendation to the broader Meaningful Use Workgroup and we have some feedback from those recommendations that we need to refine in our first set of recommendations. The intent of the overall Meaningful Use Workgroup is to present its recommendations to the Policy Committee on August 1st, so we're on a little bit of an accelerated schedule to at least get the first pass of these recommendations out.

Relative to that, again this is in the context of a broader plan where these recommendations then will receive feedback, we'll refine these recommendations based to what's in the Stage 2 definition, propose more refined recommendations, I think in the December timeframe, and actually based on that final set of recommendations then we will submit a request for comment early in January. So, this is in the context of gathering a lot of input relative to the direction of Stage 3.

I want to take a moment and commend the Workgroup because we've been through a fairly rigorous yet arduous process to understand a vision and to gather input about current state of standards, current state of operation as well as what that future statement might look like and to that end in the material that you received today there are a couple of pieces that are relevant to that and I would like to actually initiate our session with that.

The two things that we're going to cover in detail today is I wanted to ask Larry to review at a high level the recommendations from the long-term post-acute care roundtable that was held including recognizing who participated, because it's a pretty broad and diverse group, and they've been doing a lot of work relative to the needs of that community including defining key use cases.

MacKenzie Robertson – Office of the National Coordinator

Sorry, if I could just ask people to mute their lines, we're getting a lot of background noise, thanks.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Thank you.

George Hripcsak – Columbia University NYC

Charlene, I just want to let you know, this is George, I got on right after roll call.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Oh, perfect.

MacKenzie Robertson – Office of the National Coordinator

Thanks, George.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Perfect. Then the second piece we're going to work on is actually the draft recommendations themselves, the Workgroup draft 07/14/2012, I made some recommendations based on that, and then based on our decisions today, Paul has asked then that we actually do a little bit of work to take those recommendations and evaluate them against a set of criteria that he's established, and I'll review that criteria when we start to actually work on the Health IT Meaningful Use draft document.

So, actually with that said, what I'd like to do is actually turn it over first to Larry and he is going to now review…you've got two documents, there's a detailed list of recommendations, but there is a summarized list of recommendations, it's called ONC long-term care, LTPAC roundtable recommendations that he is going to walk through. So, MacKenzie or Caitlin could you put those up, and Larry does that work for you?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yes, it does.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Great, thank you.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay, so I guess I should have known I would first up, but that's great.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Absolutely, well I thought…and the reason I say this is sometimes we get feedback that we're a little too acute care centric, so setting the stage from your perspective I think will provide a good view into us looking at our recommendations.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay, because I think that these are intended to be really broad-based recommendations and not only those that effect long-term or post-acute care.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Absolutely.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, the first piece, so I think I'm just going to walk through the slides and kind of give the highlights and try and stay on track, and pretty focused then we can talk about it.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Perfect, perfect.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay, so the first piece is the patient centered view of the care and I think that's a goal that we all have and that there is work happening in S&I Framework to move that forward, and I guess, you know, so the question here is going to be is there a specific recommendation that's actionable that we can put in place that's going to help move forward improved team communication in order to provide more patient centered care.

The second piece here on the first slide is the transitions of care standards to support this, that there is work going on now to try and frame up standards, but I'm reminded of some comments that Neil Calman made at a different Workgroup meeting where he was saying let's not let insufficient standards keep us from taking advantage of the standards we have and moving ahead in areas where the standards are insufficient but where free text or narrative documentation would be helpful. So, there's a bunch of data elements in play that are being worked on by various S&I efforts and by the Challenge Grants, the HIE Challenge Grants, so I think that's saying plenty about some of the work going on to support standards.

There has been an emerging notion that historically meeting Meaningful Use 1, so it's interesting I'm now talking about that as historical, that it really focused on care summaries of various kinds being provided at transitions to help individuals know what their care is and inform other providers and there is a growing consensus that, that's a backward looking documentation and that having a care plan as a forward looking piece of documentation would be a very good way to capture both goals and address patient centered issues, so what does the patient want, as well as the more clinically focused sort of technical goals, if you will, and the various actions being taken to meet those goals.

So, there is emerging activity around care plans, but there is also sort of a…okay, so that's the highlight here, there is emerging activity around care plans and how can we encourage that as we move into Stage 3?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And then finally, on the last slide here there is a range of patient assessments and it may be that thing to do is to focus on…the functional status heading that's used in the existing CCD material is being expanded or has been expanded historically and is being expanded in the latest round of HL7 balloting to look more broadly than just functional status narrowly defined, so it includes cognitive status, it includes pressure ulcer documentation and so there is an existing category, if you will, within CCD that maybe we can build on to have a more robust statement of patient assessments and maybe we should also be considering patient assessments that are their own documents and not necessarily tied to a CCD.

Quality measures, you know, this is specifically recommending paying attention to skin integrity and pressure ulcers, they're getting priority at a national level in terms of new mandated reporting coming out of long-term acute care hospitals and inpatient rehab facilities, and historically they've been a big piece of nursing center outcomes. And so getting the acute care providers to provide information would be a big piece of this as well, what's their assessment to wounds when the patients in their care.

And finally, moving ahead on the advance directives, which has also been…was touched on in Meaningful Use Stage 1 and this is actually getting the content of the advance directive in the summary, it's not just that an advance directive exists. So, hopefully, that was focused enough for folks.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

And I think one of the notes, and I don't know how we capture this one, but we wanted to talk about it, if we have that hearing on advance directives further recommendations, and I think I lost this one that we made was perhaps in that hearing maybe the whole Workgroup might listen to the advance directives in the context of this care planning effort, but I don't know how we want to recommend that, but I think we did, Eva, I think you discussed that on one of our previous calls.

Eva Powell – National Partnership for Women & Families

Yeah, yeah, and I just see a lot of what's being discussed now in terms of individual criteria really being critical for the care plan, and some day perhaps when we've got that great care plan in the sky that everybody can access and use, that having it in there is sufficient in terms of having the information at all, but until we get there I think there will need to be some measure of…I don't know that I'd say duplication, but having individual criteria that asks for the specific information, so where that line is I don't know, but perhaps we can…perhaps some of today's discussion will get there. But, the advance directive is something that I see as important information for all care providers and as such, even though it's, I think under the quality criteria area, really is very much a part of care coordination and should be part of that overall care plan.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay and the other question that and I think we'll run into this pretty directly when we get into this next piece of work is that, where I struggle a little bit, and I struggled actually in trying to put down, breakout the objectives, was, you know, we're trying to be use case focused but is that equivalent to having, if you will, a separate document type for each objective? So, again, I think as we walk through the objectives we'll talk about that and, you know, you would think from a policy perspective we wouldn't…I mean, if it took 2 or 3 standards to accomplish an objective than that should be okay, but it may not work translating down the line, so again, I think kind of Eva that says the same thing, it's like where do we draw the line relative to just saying here's what we want to have happen versus breaking it out according to what standard exist.

Eva Powell – National Partnership for Women & Families

Right, right.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Any other comments on this presentation? Well, Larry thank you really and thanks to all the folks who have been working toward this broader view, more holistic view of care. I read through the one presentation and again there's a lot of thought that's going into harmonizing the current state, so there's even potential to automate it, so again, I look forward to seeing the progress that's made as we evolve through the standard definition process and our definition process. So, to that end…

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, maybe…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes, go ahead.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

This is Larry and a short comment?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

As we're looking at Stage 3.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I think we should be considering skating to where the puck is going.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And so, as we're looking at work that HL7 and other standard activities are driving today that we should be addressing where we think that work will be come a year from now when these start to emerge as final recommendations to ONC and, you know, the year after that one they emerge in regulations.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay and there is a lot of content relative to what's being balloted today and maybe that's certainly something that we can get a better handle on relative to when we put the survey out, I'm sure we'll get a lot of feedback from the vendors in terms of their current state of using that information or actually applying those standards. Actually, speaking as a vendor, sometimes we applaud when there's a standard because it reduces variation and makes it easier.

Okay, I wanted to actually move to the next document which is the Meaningful Use Workgroup Stage 3 planning document, the July 16th document.

Caitlin Collins – Altarum Institute

That's the Word file, correct, Charlene?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah.

Caitlin Collins – Altarum Institute

All right, no problem.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
Okay.

George Hripcsak – Columbia University NYC
Charlene, which one again?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
It's the second; it was the one that they sent out in the second e-mail so it's a Word document right now. So, what it is, it's the consolidated Meaningful Use requirements of all the different Workgroups at this point.

MacKenzie Robertson – Office of the National Coordinator
The title of the document is MUWG Stage 3 Planning.

George Hripcsak – Columbia University NYC
Got it.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
Okay, so what we've been asked to do and Paul spent some time at the last Meaningful Use Workgroup defining how we've got to evaluate our different objectives that we state, so I wanted to start there, again, if we look at the first page, page 1 and what's on the screen right now, and I'll walk through it, again our overarching goals, which have been consistent since we started the process in terms of, you know, looking toward aligning the work that we do with health reform as well as embedding intelligence as a point of care, and Larry made a very important point, such that we do is actionable, measuring what we can and driving some measurement, you know, improvement where that's possible. So, again, one of the comments Larry had in there was focus in terms of starting some of the measures around pressure ulcers, well if they're being measured what's the implication of having to, you know, state that objective, perhaps the data is standardized and can be captured.

And again, an important recognition of in Stage 3 while we want just in time information, that information to be actionable, we want to be able to clearly engage the patient and a more holistic approach in the process, so again, you know, some pretty key aims for Stage 3. I want to touch on the criteria and again the process will be…what we'll do is, I suggest we walk through the objectives that we put in place and then Paul has asked that I take a first cut, and again this is our first cut, at looking at these five criteria, supports new models of care, team-based outcomes-oriented, population management, ability to address national health priorities, broad applicability and this is going to be important patient health needs, area of country, provider specialty, not topped out or perhaps already be driven by market forces, so there maybe something in the market for instance if a governor is driving it already maybe we do less, and then this is the one I think, Larry that's relevant to the point you just made, mature standards widely adopted or could be by 2016 or the initiation of Stage 3. And again, we kind of know that's a bit of a moving target.

As we go through our objectives and our measures again the statements for an objective clear and ambiguous, and our test is the definitional question are answered by the accompanied description to the proposed objective, and then secondly the attributes of a good Meaningful Use measure is clear and ambiguous, and ideally it can be calculated by an EHR, and potentially if we can minimize the number of exclusions so it has either, they're pretty easy to define and/or they don't exist that's certainly going to give us the best kind of measure, it won't be perfect, but where there is an obvious exclusion that we know we need to define that in the process. And again, we recognize that this whole thing is a process. Okay? Questions, comments?

All right, so again, the intention will be Michelle made a matrix and we're going to fold that matrix in relative to each of the objectives but importantly now as you're looking at the objectives kind of do that mental test in your head. All right, so what I wanted to move to was the section, and I'm not sure what page this in on, because I've got…yeah, the section which starts with care coordination, which is pretty far down and this is, it's cutting the page off, I don't know if there is…there we go, well now we can't see…so I'm actually going to be…are we there? Not quite.

George Hripcsak – Columbia University NYC

Page 30?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Page 30? Thanks, George. I've actually got to work on my own worksheet, so…So, what I thought we would do is kind of walk through; let's see page 30, okay, page 30. What we started with in our last presentation was a little bit of our key findings, the vision, the work that we collected from the listing sessions and our recommendations, and fairly well accepted, and thank you, Eva, was kind of our vision, if you will, for this collaborative care platform, we're kind of just…we're not trying to prescribe there has to be a platform or a separate solution that does key things and potentially, these could be, as we move towards Stage 3 and future stages, it's actually their potential to use the use of this platform to actually become a measure and perhaps therefore reduce the need for some of the more transitional measures that we have in the next section. Are there any comments about what's written on page 31? I think Paul kind of said it was fine.

Eva Powell – National Partnership for Women & Families

Charlene, this is Eva, and I don't really have a comment about that page, but just to throw in something that I did and I apologize I didn't get on earlier not to tell you this ahead of time, but…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay.

Eva Powell – National Partnership for Women & Families

This morning, just trying to look at all the materials that were sent out, I tried to sit down and think kind of broadly across all of the categories.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Eva Powell – National Partnership for Women & Families

All of the policy priorities and actually went through and kind of marked, and lumped various criteria suggested by other groups that actually either have a connection or really could be considered care coordination, and there are actually quite a few of them, I don't think that it's a comprehensive list, I'm not saying that our work is done by other groups entirely, but it may help our conversation at some point to kind of take a look at that in the spirit of parsimony. So, at whatever point you want me to kind of pipe up with that just let me know.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Let's go through these just so we have a deliverable, because I think Wednesday they'd like us to at least respond to their comments, I'm sure we'll probably have to end then, but if there's time left today let's do that okay?

Eva Powell – National Partnership for Women & Families

Yeah, and if something is relevant I'll just bring it up in the context of this.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, that's perfect and again, appreciate you doing the broad range view and keeping us on track here, because that's been very helpful. All right, so the first one that I was going to move to was the medication reconciliation process and again, we made the comment that it's hard for us to determine how to change, you know, the percentages until we really know more about, you know, what happens in Stage 1 relative to adoption and what's the Stage 2 numbers. But the proposal that we put on the table was that for Stage 3 we should consider in addition to that, including reconciliation of medication allergies, intolerances and the suggestion was to also include contraindications.

What I'd like to discuss with this Workgroup is for purposes of this objective, what I did was rather than break that out as a separate objective because typically the process is the same process when you're taking care of a patient, I just included it as an extension to the medication reconciliation process so there would be multiple steps to the process however the vendors decided to do that and did not break that out as a separate objective for your consideration. So, let me open that up and I left it for this purpose of 50% because again, you know, there is quite a bit new functionality.

Again, my rationale for doing this was that I know that the products that we're required as vendors to certify that at a minimum we can provide reconciliation of medication allergies and intolerances that work is going on by the Standards Committee, the gap that we have is what we mean by contraindication. So, I'll open it up to your comments and thoughts of whether it should be included with the context of this objective or a separate objective, or any other thoughts you have on this one.

Eva Powell – National Partnership for Women & Families

So, sorry, Charlene, this is Eva, so basically what you're suggesting is treat reconciliation as or medication reconciliation as we treated CPOE and just in future stages adding onto that and kind of keeping the threshold the same?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, I did just because, yes, because…

Eva Powell – National Partnership for Women & Families

Yeah, I think that makes a lot of sense.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, this is Larry and I feel like it's really important that we expand the ability of the applications themselves to do these things and that we have to learn from what people are actually doing where appropriate thresholds are, where people are getting engaged because it's really working, and the threshold isn't the driver, it's enough, you know…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Once you get above zero or above, you know, 5 or 10% you go "oh, this is actually valuable I guess I'll use it, I'll integrate it into my practice." So, I guess I'm sort of on the…what I'm torn with is I don't want to give the message to the broader healthcare community that something is not important because we either set a low threshold or make it optional, but I also don't want to make people nuts chasing a million objectives when they would be much better served, we'd all be better served if they really focus, got some things done really well and then grew into the additional objectives as they could.

So, I sort of feel that way about these, reconciliation is absolutely critical as people start to get new information in ways they never got it before, they are going to build reconciliation processes, otherwise the information won't get used.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Exactly.

Eva Powell – National Partnership for Women & Families

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I'm 200% in support of our doing work around reconciliation and my preference would be that we bring up this need to straddle the line between making new things optional so people can transition into them and having the thresholds being meaningful so that its more than token use, it's actual use, but not really use this as a battering ram to get people to move because there's real value in what they're doing and once they get it and figure it out they'll figure out how to get the value.

Eva Powell – National Partnership for Women & Families

Yeah, so Larry, are you suggesting that we might consider keeping the medication reconciliation at 50% and then as part of the same criteria adding the other components but at lower thresholds in order to accommodate the chart?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yes, so yes, so, I guess in terms of how does this become operational to not make reconciliation be one big objective with a single measurable.

Eva Powell – National Partnership for Women & Families

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Well, that's an interesting thought.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Well, Larry…

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I guess what I want to do is make sure that the process itself, a reconciliation is happening, and then the pieces allow some flexibility on which pieces people implement and when.

Eva Powell – National Partnership for Women & Families

Yeah.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, kind of just…I want to broaden that just a little bit, so as we look at reconciliation and you can think about reconciling care team members, problems, you know, that whole process around reconciliation so it does kind of, if you will, become a roadmap.

Eva Powell – National Partnership for Women & Families

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

You know, but then that does become very, you know, you want the process of reconciliation as opposed to the specifics then, so I'm kind of struggling with the transition as one of those.

Eva Powell – National Partnership for Women & Families

Yeah, well and I was…in some of the stuff I read today I read a note that I recall also from the hearing I think that while it's good to leverage the technology to help us with this reconciliation that we shouldn't expect the technology to completely replace the human eyes and I don't know how we plan for that, but yeah, I mean, I guess I share Larry's desire to have the technology really get us going on this whole notion of reconciliation because it certainly isn't possible without it, but I wonder if there is, forgive me for using the term threshold, a threshold beyond which we need to leave that to the humans involved and maybe that just comes with experience in terms of knowing that.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, Larry, would you be more comfortable…and again, we can cycle back to this one to perform reconciliation and then including, but not limited to, that kind of an approach? To perform reconciliation…

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yeah, so right now we're building an ever growing list of measures, right?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And so, I'm sort of struggling with that tendency to always want to add one more, but I don't want to lump them so much that we actually make the lumping either meaningless or impossibly hard to do.

Eva Powell – National Partnership for Women & Families

Well and, sorry this…I'm sorry, Larry, were you finished?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I'm done.

Eva Powell – National Partnership for Women & Families

Okay, sorry, if we're going to come back to this, one kind of from my broad look at things is that this is the area that we seem to be lacking most in, this notion of reconciliation of information and so it may be that once we get to a place where we can look more broadly that we can leave some of the other things that we thought we needed as separate criteria to the other groups and focus our efforts on the reconciliation process and how to make that meaningful, and doable, and I don't know, I don't know what will shake out from our conversation, but this…what I did was I lumped stuff, I lumped the concept of care coordination into three big buckets of functions, at least as I saw them, and the reconciliation of information was definitely the one that has the least in it, so, just to throw that out here.

George Hripcsak – Columbia University NYC

So, this is George, I guess for this one we need to do something concrete for Wednesday, right? Two days from now?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Right, right.

George Hripcsak – Columbia University NYC

Well, we get 60 seconds to discuss this Wednesday, right? Because we're going through the entire document, 47 pages in an hour and a half or whatever we have, so I think if you want to recast it for now, recognizing we don't have the full…recast it for now as 50% medication and 20% allergy intolerance and contraindications.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

George Hripcsak – Columbia University NYC

There is value in leaving them lumped in the sense that there's a certain number, like believe it or not, it's like there's a…for presentation issues it's better to have fewer objectives so there is more chance of getting it through if they're lumped in a rationale way, so 50 of 1 and 20 of the other 3 is probably better than 2 different objectives.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay.

George Hripcsak – Columbia University NYC

In my opinion.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

And then, so George, what we might come back to, because as we go through some of the other ones and we have problems, we might come back to it, just making this actually a reconciliation process objective ultimately, but for purposes I think…I was trying not to make…I know we're trying to just…there's a delta here, so if people are okay with that for purposes of Wednesday, would that be all right that we talk about perform reconciliation and then I list these out with two different objective levels? And, Eva, I think we're going to come back to other elements when these are reconciled and you'll see how I put them…I didn't put them as reconciliation later but they could also be lumped under this, you know, if we choose.

Eva Powell – National Partnership for Women & Families

Okay, that sounds good.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, so I don't think we're done, but, okay so let's move onto the next one then. This was the one, this is the one actually where I wanted to spend some time and I actually talked with George, because this is the one where problem list and defining…and there's a lot of input, Larry in your document relative to, if you will, problems that are defined from a patient perspective and yet those still are emerging in terms of what their standards are yet we feel that having the problem definition is going to be key to enabling the definition of a care plan. Paul challenged us to say, well can you define a more…rather than the whole world of problems, because we know it's very complex when you manage problems within the hospital setting, there's specific problems in each venue that you're managing but there perhaps may not be the shared problem list, yet we don't have a definition, if you will, yet of a shared problem list.

So, actually from my proposal, and this one you're welcome to shoot down, was to start with, if you will, a poor man's problem list and at least start the reconciliation problem based on patient diagnosis. Now this clearly is not what is being asked for but at least I tried to take a step, so, and then the other thing I talked with George about a little was should this reconciliation, should we call it reconciliation and does that, if you will, become part of the broader reconciliation process, but I suggest for Wednesday we just leave it as is and keep problem separate and we may merge it later. So, comments on problem reconciliation? And, recall, I think Michael…Michael Barr had a lot of comments relative to, you know, the working list that physicians have in terms of managing their problems, so I'm trying to be sensitive to that. Did I lose you?

Eva Powell – National Partnership for Women & Families

No, I'm thinking.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Sorry, this is Larry, you did lose me, I hit my mute button and started talking and realized I turned mute on rather than turning mute off.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, today we have a criteria that says you have to have a problem list, right?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes and problem list today or in Stage 2 will be coded in SNOMED, right?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right. So, it says you're going to have a problem list and it puts forward a standard for coding.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And so, by talking about problem list reconciliation we're saying that at various points in time you're going to review the problem list with this notion of reconciling it with either things that have happened on your watch that you're now updating or there are things that you've learned from other providers and you're figuring out which of the problems that you actually plan to manage, right?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Right, and again the way I've positioned or the way this is positioned is and transition, so at the point that you discharge your patient to the nursing home you're managing, you know, high blood pressure and you're managing, you know, diabetes, you're managing, you know, urine retention whatever those problems might happen to be and you want to make sure that that information on the discharge summary gets transitioned, you know, so whatever that problem list is, you know.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right, so in some ways we may not actually be changing anything, right? If someone is already maintaining a problem list, on the other hand we're anticipating that they're going to be doing two things they'll be getting more input from others by way of care summaries that include problem list, and they'll be passing on, if you will, a key piece of the care plan that says, here are the problems that I've been managing.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, while we're having the importance of this is this…what actually is going to be new, if you will, what's actually going to change since they already have to maintain a problem list?

Eva Powell – National Partnership for Women & Families

This is Eva, I think it's the…well I was going to say I think it's the process of reconciliation, but then if you're…what you're suggesting is part of the maintenance is the reconciliation, is that right?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yeah, I guess I'm…you know, maybe this is great we let people get credit for something they're already doing there is no harm in doing that, maybe it's even a good thing to do that or maybe this is recognizing that there aren't very good tools for doing that today and we want to give a signal to the market and then have a time for the tools to get better.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, and so to that end, the vendors are being certified to this capability in Stage 2. What I don't know is again there's, you know, problems from the interdisciplinary view, I don't know to what extent that's being included, clearly the SNOMED-based problems and are there any exclusions there, and as those problems are shared are they really the kind of problems that a patient could look at and know how they're going to manage their care. So, and again I think that came from the long-term care committee that, that perspective may not be supplemented yet, may not be in place yet.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So this is kind of a more provider centric view of the problem list in Stage 3 that's what would this would be recommending.

Eva Powell – National Partnership for Women & Families

Well, and I wonder if part of the change is this notion of the status of the problem, like is it chronic, acute and if it's acute is it resolved, perhaps if it's chronic, you know, maybe a staging or something like that, but, I mean would that be the addition here or the progression?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Well, that would probably be managed, you know, like if you're going to do it at transition you would have to say, actually you would have to say do you want acute as well as…do you want problems that are resolved also included, right?

Eva Powell – National Partnership for Women & Families

Right.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, that would have to be defined, so is it current? Is it current then, those things which are put on the problem list?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, maybe we're talking about actually carrying forward some status information, so maybe you have on the problem list a problem that is no longer active and you indicate that it was resolved, maybe the date on which it was resolved or maybe the way in which it was resolved, something about, you know, if you're looking at only active problems this one is now gone but you might want to know that they had, you know, a flare up of this thing a month ago.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah and then that's the current issue…because you don't know how far back to go, you know, so.

George Hripcsak – Columbia University NYC

This is George, my suspicion is we're not really sure how to do this, so this is one of the ones that will likely…that doesn't mean we don't put it forward on Wednesday, but will likely not be accepted for Stage 3 just because we can't figure out exactly what it is. I keep being concerned that there is the problem list you want in your EHR that you don't want other people changing or, you know, like and then there's the longitudinal problem list that goes chronically across time and those are two different kinds of lists, I want to reconcile the longitudinal one but not the other one or maybe it's that it's actually not a reconciliation but a union.

I mean, if anyone puts a problem on the list I kind of want to see the union of all the different problems anyone has put on, I don't necessarily want anyone taking one of the problems that I've put on patient's list off because they decide not to, so that's why I'm saying it's more complicated, but we need to come up with something. I still worry about this idea that they're really two different lists and people reading this will be afraid that people will come into the EHR and delete problems from their list.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, do I take reconciliation off do you think on this one, George?

George Hripcsak – Columbia University NYC

You know, I mean if it's not reconciliation then Larry's right we're just back up to the other objective.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, I mean, because I see…I'm going to get a transition…

George Hripcsak – Columbia University NYC

Sharing instead of reconciling?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I get a transition care summary and it's going to have a problem list and I'm going to want to do something with that list and at least if it's diagnosis-based or SNOMED-based I can…you know, of that stuff that comes in I could choose whether I want to move it and I would probably want it's status, right? You know, but again that gets really vague in its definition and we're really not sure how that's going to work yet in operation.

George Hripcsak – Columbia University NYC

I guess if what we're saying is you're going to receive a structure, a transition of care document.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

George Hripcsak – Columbia University NYC

And you're deciding which of those problems you want to add to your problem list then I guess that's reconciling and that seems okay to me.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And I have to agree, I do want to make sure we have in place mechanisms for doing that.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And so a lot of this reconciliation steps forward in future stages because people will be sending care summaries and they will have lists of things coded to varying degrees, and then they'll be bringing them forward into the sphere of things that they're going to take action on or not, they're going to leave them out and so I think this notion of reconciliation is actually a very key thing for us to be moving forward, and I don't want to lose that in sort of my minimalist notion of well we already say manage a problem list so you're done. I think we actually do want to bring attention to what happens when you get the care summary and that there are tools to support doing something with it.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, to respond to Paul's request relative to…should we be specific and say those things that are included in the transition of care summary or whatever we call it, you know, that's where we start, because then we know it's standards-based?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yeah, I guess in my mind that's really the key piece for all of these reconciliation parts.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, in fact…

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Is that where we know we're encouraging exchange of care summaries and we know that people have a manual process for that today and we're looking to move that into the automated EHR, and we want to make sure that the systems have the capability and that clinicians, at least some of the time are doing it, doing it, documenting it and are collectively learning how to do it better.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, so where we should start then is with the…narrow it, the problems that are on the transition of care summary document, does that work for you for at least the first step? And then in terms of percentage I put 50% and I can go back to 20%.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yeah, I think that 20 is a better starting point as well as looking at this as an optional piece.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay and actually…so this is just…for purposes of Wednesday I'm not going to make the change but, you know, as what Eva called out earlier if think about what we're starting to move toward, you know, there is a request for a transition, the transition occurs and then there is a reconciliation process. So, this whole section could kind of be revamped to begin at the beginning, we're not doing that yet, because we didn't start from there, but as we're working this through and evolving this section could change, but we'll work on that later. So, I'll keep it low and again, recognizing that, if you will, the problem list might, the Workgroup might suggest that we consolidate problem list to the previous objective as one of those elements or do you just want me to do that?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Oh, I see what you're saying add a problem list to the reconciliation stuff to do with medication?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I'm half of 1 or 6 of the other, I don't really care.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, so, George do you have a…

George Hripcsak – Columbia University NYC

I was thinking if you do add it, which is fine because that reduces the number of objectives and we keep it still separate within…so there's medication then there's allergy intolerance and contraindication, and then there's problems.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes, exactly.

George Hripcsak – Columbia University NYC

I would do it for those three, don't lump it as the 4th thing after contraindication because it's different than those.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

That's fine and, again, you know, Paul asked us for this roadmap, if you will, it starts to be a little bit of that roadmap and again there can start to be some flexibility in there too, or it sets a path for what they have to reconcile, but it also offers some flexibility and what's pertinent for them to reconcile then.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

That sounds good.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

All right, okay. The next slide, okay the next page I have page, this is the provide the summary of care record for more than 50% of the transitions and what we were asked to do…you'll see how I changed this one, okay, so this is Stage 3 comments. What we were asked to do was consider consolidating two other objectives into this objective. So, I used the approach actually that we were kind of talking about above was the start to…and I didn't actually reconcile this information, but I started to list out updates to a minimum to a core set of information and then I listed out what that core set of information was, and this is at a minimum it's not all the core set of information, but information that was important to us.

So, I did consolidate the objectives from the care plan objective into this one and potentially I could consolidate even the need for a separate objective for the care team in this one, so if you follow me I made the change, this is on page 35, 36, provide a summary of care record for each transition of care or referral when the transitional referral occurs with available information inclusive of this concise narrative in support of the care transitions, we talked about that, and update at a minimum to a core set of information.

And then I listed current care team members and their contact information, individual care goals and plan of care including the historical care plan, it could be narrative, so I tried to be broad on this and then I had current status of activities to meet the goal, assessment of functional status and advance directives. So, I started to list those data elements in the context of the information that had to be included in this document. I'm not implying this data has to be reconciled at this point, I'm just implying that this information needs to be included when that information is shared. I'm actually not even implying…it could be one or two standards with this approach.

So, that was how I approached the feedback we got to try and consolidate it into one objective. Comments? And I kept the percentages pretty low. Actually, I made it that they actually received the information as the measure. Do you want me to walk through it again?

Eva Powell – National Partnership for Women & Families

Yeah, if you could walk through the addition…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I'll walk through it again. Okay, so, what I changed…the feedback that we got on our full set of objectives, both we introduced a referral objective, we introduced the need to be able to track care team members and their contact information, and introduced the capability to be able to communicate a care plan, and the question that was raised was could we consolidate at least 2 if not 3 of those objectives under this objective, which is to provide, you know, this summary of care record or a transition, or a referral.

So, what I did was enhanced this one to include updates to that minimum set of core information which we were sharing in those other documents and those included the current care team members and their contact information, individual care goals and the plan of care, and how we stated that was it could be historical, we don't necessarily have to have it structured, this speaks a little bit to what Larry was saying is just put something there, right? Current status of activities to meet goals; that might be a little tricky. Assessment of functional status and Larry that refers to, I think, that functional status that you presented in the long-term care information. And then advance directives. I'm not making any assumptions that this stuff has to be coded therefore I'm not implying that it has to be reconciled, but just to start to communicate this information.

Eva Powell – National Partnership for Women & Families

Yeah, this…I think that makes a lot of sense one to keep it fairly open and broad, and not prescriptive, and I think in terms of…I too was thinking about this lumping idea and as I went through, and tried to look at all the recommendations, and ours, and you know, one of the things that I think this group can contribute is to begin to define, and I use that term loosely, what the care plan is and this to me was very closely tied to the care plan, but then as I've thought about it, in some ways this is a subset of the care plan.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

It is.

Eva Powell – National Partnership for Women & Families

In other ways it's entirely different but strongly connected in the sense that I could see this document, there being a need in this document to know some detailed information that doesn't necessarily need to be in the care plan itself. So, I think what this approach does is it highlights the tie to the care plan because the specific items you called out would, in my mind, be things that should definitely be in a care plan, but then allows people to evolve and let us speak to experience which I think is the only way that we're going to find this out exactly how closely tied to a functional care plan that this is or can be.

And in terms of reconciliation this is for transition of care so it's a process but it is still just a snapshot in time. So, while you would need over time, in the broader care plan, for things to be reconciled, as long as the sending provider is being accurate and the information they're giving, I don't know that necessarily there needs to be reconciliation unless you're talking about like updating, like in terms of medications, you know, they're going back to the nursing home, they've been put on different medication. So, and maybe that…I mean that definitely obviously is part of the broader reconciliation. So, I don't know, I'll stop talking because I'm babbling now, but I like what you've got, it seems to me to make sense.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

And, you know, when you were talking, Eva I could delete, because, you know, the care plan includes current status of activities, I don't even need to be that detailed. I did carve out that assessment piece, Larry, because I didn't want to miss that, but a care plan should give you the current status of activities to meet the goals, right? You know?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, here's a question I've got. So, we've got the statement number one with the bold concise narrative in support of care transition in free text.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And then we have a list of things that we want them to include and I sort of feel like I don't want to lose that concise narrative.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I know, I know, I'm trying not to lose it.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, maybe we actually split this.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And say we have this thing that's number one that says we want a concise narrative.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

The second piece is we then want the information that addresses the following that may come from other places, right? So, maybe the systems are tracking care team members and so that could be actually something that could be generated or the care plan exist in a form and there is a section in the CCD for the care plan and it's narrative, it's unstructured, so maybe, you know, it just gets puts there. So, I'm thinking that we want…I don't want to lose this notion of concise narrative and after I did the list of things that we want included in the document somewhere, in the care transitions document.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Well, and then maybe, by separating it into a separate objective if it turns out that it's a separate document I can make it, you know, two.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Well, it could be a separate document of existing documents.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

It's kind of like if available, right? If available, you know, kind of that, you know?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right, right…should be available in the care summary.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes or if they come up with a…if they evolve to having a separate document for the care plan that would be okay too.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right, right.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, so I'm going to break it in two. Okay, George, so, I'll have three objectives, three items under this objective. So, I'll just leave the first one as is and then where it starts update to a minimum I'll break it into a separate objective. And the third item, what we were trying to do in this case is that to close the loop and actually that they received it, and again…George?

George Hripcsak – Columbia University NYC

I'm here.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes?

George Hripcsak – Columbia University NYC

Yeah, whatever, if we think it has to be split to present it then fine and get re-lumped later that's fine. I agree with our…but actually the acknowledgment would be a separate objective or a separate measure?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Actually, I made the measure, I made the measure the receipt that they actually got it, you know, now if they have two different pieces they have to, you know, receive it gets a little bit more complex, but I actually made it, you know, the fact that they received it is the objective. You know, they send it out and they've got to get acknowledgment that it was received and kept the threshold very low because, again there will be cases when they don't know when to send it too, but in many of the important cases when they're doing that direct transition they do know where they're going to send it to. And we run into the problem that maybe the long-term care facility doesn't have some place to send it, but we're hoping that a lot of those pieces are in place by 2016, but in any case I thought I should keep the…for the purposes of sending a signal keep the percentage really low.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, here's a question, the most common transition is, if you're looking at a major institutional transition is acute care hospital back into the community and people next care contact would be a primary care doctor or specialist of some kind.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And so that's for 65% case of discharges today. So, I think we need to think about that example as well when we're talking about who is going to be receiving this. So, this is something that should be useful to the primary care doctor or should be useful to the ambulatory side of the specialty practice, the care view in the hospital. I think the things that are identified all are relevant to that, but, I'm just trying…you know, this is…it shouldn't be completely acute care focuses; we should also not acknowledge the value as what happens in acute care.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes, exactly. So, would you recommend keeping the threshold there for 20% or…I'm going to put that point that you made in the discussion, right?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, 65%.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yeah, so right now we're seeing a lot of people taking exclusions on care summaries because there is no one to send it to.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Right.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right, and so hopefully that will go away.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And people will be able to send them and we want to make sure that they are sending them and that people are getting them and that it's of value.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, given that more people will be doing it I think the threshold being low is good.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, all right. All right, so I'm going to break…and again I think we'll get some push back clearly on the receipt end of it, but I think we're making the assumption that we have health information exchange and I'll put that in the assumptions. Okay? I'm going to put that up in the beginning.

George Hripcsak – Columbia University NYC

So, what did we end up with?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, what we'll have is it will be 3 points, the summary on the transition of care, we don't want to lose that and then I'm going to just list as a separate…because some of the elements could be contained in that and we don't want to lose that concise narrative statement, and actually we hope that comes in Stage 2 honestly, George. There is an update of a minimum to the core set of information and then we're going to just list them, and I'll make that a second objective. And then the third objective it was, you know, that they can actually receive and I'm going to take import out, okay? Because I don't think we want to…because we don't know if this stuff is going to be standardized enough and that's going to shoot down my objectives, so I'm going to take import a core set of data out. But at least it can be viewed, receive and review. Does that work?

George Hripcsak – Columbia University NYC

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

And if these things are more structured by then and they can actually import them, that will be wonderful.

George Hripcsak – Columbia University NYC

The first one is provide a summary of care record and the second one is?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Provide updates, so I break that up.

George Hripcsak – Columbia University NYC

Provide updates, so provide the care record then provide updates and then acknowledge that you, being the other person, receive it and acknowledge it.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, receive and review, but not…well I don't know if you say review, should we just say receive and keep it really simple?

George Hripcsak – Columbia University NYC

Well your…it's receive and acknowledge really is what you're measuring.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes, that's what I'll measure. I'll change that. I went a little further and had them actually import that core set of data, but based on kind of our previous discussion where we're going to start to enhance the reconciliation process I'm not going to go that far, just so they can view them for Stage 3.

George Hripcsak – Columbia University NYC

So, now following that is referrals and closing that loop, is that related to this last one?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes, so let's talk about that, okay, because I'll tell you where I see that different and then we can discuss how we want to handle that. Okay, so, this is, okay, so this came from I think the testimony that we we're still trying to get…from David Kendrick I think and this was from…this is actually when you do a referral, and he even suggested that we treat a transition like that, we treat it like an order, right? So, there's a referral order out and then the EHR then has to retract that the referral was sent out, we know it's status, we send a transition out, we know it's status, you could consider that, and that, particularly for the referral, which why this one is a little bit different is we know that that loop is closed.

So, the EHR has to have capability to know that it was sent out and be awaiting, if you will, the fact that it received the outcome of that referral or report, or whatever, so that's really kind of what we were trying to do here, and try to eventually set the platform, if you will, eReferral. So, that was why I felt this one was a little bit different then treating it…because there's more functionality that's required here than simply just being able to send a document out and then receive the, you know, and this acknowledgment that it was received. This is actually waiting for a process to happen and then, you know, when that process happens being able to close the loop. So, that's why I treated this separately. So, thoughts on that?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, we've got really three parts in here, right? We've got, we want you to have a summary if you have something high level narrative to point.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

If you have some structured sections and you should get confirmation it was received.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes, yes just make sure that we got it there, yes. And this one actually is the beginning of the process, you know, it's that order to discharge or that order to refer, or the order to, you know, this one actually starts the process that we've been talking about, once that's done then you prepare your transition of care summary and the care planning information, and then what it ends up where we're at then that information is reconciled, you know, so these are a bit out of order, yet, but the discussion is around do we consolidate this objective into one of the other objectives or do we leave this one on its own?

George Hripcsak – Columbia University NYC

I don't know exactly what to do; it's feeling like there are a lot of objectives talking around the same basic, you know, process, but…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, if it turns out that, like in the quality section they've put in order for a referral then the intent here was just to track that it was completed. So, like, Eva said, these categories are starting to like overlap each other. So, all I was trying to do here simply was if that eReferral order went out, and we can argue that we need one for a transition of care, that the loop is closed. And I thought we heard pretty strong, you know…and then there was that referral management system that was available to HIE systems to make sure that it was closed and then the EHR just has to know that something is outstanding and they're waiting for that referral to come back, which, you know, is pretty much processes in there today but they're not as electronic.

George Hripcsak – Columbia University NYC

Okay, I mean, I guess I'm still wondering about unbundling the previous one rather than so much about this one now that I think about it.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, so what would you recommend?

George Hripcsak – Columbia University NYC

No, I'm just saying that unbundling, like leave…I'm wondering if we should have left the previous one as one objective with three parts that's all. I don't know that it means anything different to have one objective with three parts or three objectives, but that's what…because now we add this one, okay this one is all right, I see it's connected to the order, but then…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

George Hripcsak – Columbia University NYC

Because we're not even done yet we still have others to do that sound also like this. Well, wait what happens to care team going forward is that still separate or not?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I would recommend that we delete that one.

George Hripcsak – Columbia University NYC

Okay, care team and then the one after that is…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

The care plan, I would recommend we delete both those deletions.

George Hripcsak – Columbia University NYC

Right.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Then I bundled them in the one above.

George Hripcsak – Columbia University NYC

All right, so then you have…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I would keep this one.

George Hripcsak – Columbia University NYC

So then you have…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

…

George Hripcsak – Columbia University NYC

All right, so how about this, what if send and update are one, because that's one person and then receive is a different objective, because that's a different person, that's the other end of it and then you're saying that…and those.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Oh, okay.

George Hripcsak – Columbia University NYC

And those include.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Referrals.

George Hripcsak – Columbia University NYC

No, no, but you could lump referrals, I'm saying it's okay to keep referrals separate now.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay.

George Hripcsak – Columbia University NYC

So, do you see what I'm saying, it works differently. So, you could do send and update that stuff.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

George Hripcsak – Columbia University NYC

And then a separate one is receive and acknowledge that stuff.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay as a separate objective, yes.

George Hripcsak – Columbia University NYC

That's two objectives and the third is the referral order, although someday referrals and transitions of care are going to be one thing.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

George Hripcsak – Columbia University NYC

But you're saying this is specifically, I mean you're explanations…and the people may say otherwise on Wednesday, but this is specifically a different kind of process to deal with orders and that's why it's separate.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes, because I'm tracking that was why, because I'm tracking stuff.

George Hripcsak – Columbia University NYC

The others disappear because they are subsumed under the previous two.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, so you would recommend I have a send and update, then a receive and acknowledge as a separate objective, and then late referral, so it's four objectives kind of.

George Hripcsak – Columbia University NYC

Well, three right?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Well, I still have my first objective. I have a reconciliation objective.

George Hripcsak – Columbia University NYC

Oh, yeah, yeah, yeah, the ones we were talking about.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

But does that become receipt? Well, let's for purposes of Wednesday I'll leave it alone, because we'll have a lot, but it'll probably bundle in too.

George Hripcsak – Columbia University NYC

It might.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Because as soon as you're going to receive and reconcile right? Here's the issue, like today whether you receive something on medications or not you have to do reconciliation, right? Even if it's on paper. By Stage 3 it's going to be more automated, that's the transition we're in right now.

George Hripcsak – Columbia University NYC

Yeah, well we'll see where we are with reconciliation.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, I could see where that receive and acknowledge could end up being receive, acknowledge and reconcile as a step and we'd send an update, receive and acknowledge, and reconcile, and then…I'm going to leave it separate now.

George Hripcsak – Columbia University NYC

Sure.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, it's a little confusing, but you can see where we can, as Eva would say, lump these, right?

George Hripcsak – Columbia University NYC

Okay.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay. And so then what I…so what I did then with…let's see we had the track the status of care team members and the role in contact, I actually suggest that we drop that one and just include it in our above information. And then the other one I tried to merge in was, you know, the patient care plan information and I will break that up as George suggested. Okay, so do I need to re-summarize again?

George Hripcsak – Columbia University NYC

Just let me…for Stage 2 we said it was okay to lump the team and the care plan, right? We didn't disagree with; I'm trying to remember what we suggested for Stage 2.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Let's see what did we say, we did we say, I think we said it's okay to leave part of the summary of care document. So, what I did is I added…

George Hripcsak – Columbia University NYC

So we're going to continue with that? Okay.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, and I called it current, although, Larry I think you had a word that might have been better, but current care team members including their name, role and contact information, so the delta that we're going to add is we want their contact information included and they can send it in any form they want as long as they send it to us, right? And the piece that Paul said well...it's all members of the care team and I just categorized it as current, which would mean the organization would determine who is current and communicate that on the document and not be excluded to all.

Okay, so we're on page…just to track everyone, 38, and we propose the capability to track healthcare team member's main role and contact, and so the recommendation I'm making is that rather than a separate objective I include the specific information that we want under the information that's communicated on the summary of care record. Hello?

Eva Powell – National Partnership for Women & Families

Sorry, yeah that's good.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Sometimes my phone dies.

Eva Powell – National Partnership for Women & Families

Yeah, no I was nodding my head and then I thought, no she can't hear that.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, so you're all right with that?

Eva Powell – National Partnership for Women & Families

Yeah, I think so, I mean, I think like you have been saying it's…you know, when we kind of go through things, things will be lumped or split perhaps again, but that's a good way to go for Wednesday.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, all right, yeah, and I'm just…and the delta there will be that additional information we want.

Eva Powell – National Partnership for Women & Families

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay and then page 39 and then there's a question I have because there was one I did not know what to do with. So, what I did for the purpose of this one is include the information that we identified here in that supplemental information that we want included when a transition of care is sent, and I think by breaking that into a separate line then if it ends up as a separate document type there will be some flexibility there. Does that work?

George Hripcsak – Columbia University NYC

I'm sorry I missed…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, this was the information in the patient's care plan, what we're doing is we're keeping send the summary of care record with that summary concise statement and we're going to have objectives to it, which is kind of the capability to receive the information relevant, those extra data elements, that's objective two, and then we're going to make objective three, we're going to break that out and say the capabilities are to receive, we're going to break that out, but I embedded this one in the summary of care record objective. So, this one will disappear.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Would you repeat for me which page are we on?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

This is page 39.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay, so the one that says objectives new…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Two capabilities one to receive and review care plans, second to transmit update.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Receive a patient's care plan supplied by another provider and health information exchange, and to enable a provider to incorporate historical care plan, this is the could be narrative, into the patient's care plan maintained in the EHR, and I did not get that prescriptive, this was a lot, this would probably not get done in Stage 3. So, I elevated it and put it as a kind of data that needs to be sent for Stage 3.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

All right, so, essentially rolling up a bunch of these things into the earlier objective?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Maybe in our discussion it's worth pointing out that we said some of these may best be contained in separate distinct document types or maybe they should be part of a single document.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes, yes, okay.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Because, I don't want to lose sort of the importance of your bullet item list by reducing the narrative that is going with it.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay. I will put that; I'll move that up there.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, there's a lot of good content in these subsequent items.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And so as long as that gets passed on to the bigger Workgroup so that they know, you know, when we say there is a line here for functional status it actually is a pretty broad thing if you look at the functional status section in the CCD as it was just balloted, it includes cognitive status as well, it includes pressure ulcers, it includes clinical assessments beyond what you think of as just a functional assessment.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So, Larry, would you want me to like, put e.g., in there, at least in the list level? Because I could do that.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Maybe that would help.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I'll do that. I mean, it's well spelled out so I can easily put that in there. And I was going to leave that as a separate item, I mean it's in the context of the care plans I don't want to lose that, but I just want a list of some of the key elements that I think are a little important.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right, so I think the care plan is similar, you know, right now it's a narrative block in the care summary, in the CCD, but there's a lot of discussion about how to expand that into another document type and so I think we need to allow a growing sophistication of "oh, there could be more than one document type."

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And I should be able to receive a robust set of them and send the appropriate robust set and not get lost into this notion that this one care summary has to do everything.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

And, you know, Larry, kind of to the point you made earlier and I don't…George, I don't know how to convey this yet, but you could send some of that information earlier in the process rather than later too, so be decoupling them, you know, that flexibility will occur over time, just like you said, I think I lost that one though, remember how we said send an update and then send an update if it's…

George Hripcsak – Columbia University NYC

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I've got to see where I put that. That was somewhere, I might have lost that somewhere in one of these documents, but to the same point they could send an initial version and then they could send an update with more current information. Okay. I had a question, if we're kind of done with the care plan I'm going to merge that and then we'll discuss that on Wednesday. There was an objective I didn't know what to do with and I don't know whether this is our objective or, you know, it kind of came out of some of the testimony we heard, and I'm on the population health one and I'm not hearing it come out of there, so this is, you know, the capability in the care coordination process to identify those patients at risk to potentially coordinate their care. So, I wasn't quite sure where to put that one.

So, for instance they were talking about while you're in the hospital if this patient is at risk for re-admission you're going have more care coordination than not or other stuff, a diabetic population that has had a lot of encounters and high utilization, so I kind of put that, this capability to track population to identify patients for outreach or engagement and then potentially suggest the care plan, and then to monitor them along that. I wasn't quite sure what to do with that capability. So, any thoughts on that? Is that maybe that…does that morph into that ability to, you know, print a list of patients based on certain factors, is it that an element that we have up under quality.

Eva Powell – National Partnership for Women & Families

Yeah, this is Eva, I think it has ties to that, I think it also has ties to like the pre-visit planning kind of concept where you use patient generated data on a survey and I'm not sure, let's see where was that, that's in patient engagement not in our care coordination, but I think you're right, it's like a population health application of these other individual functionalities in other areas. And, I mean, could you just beg the question, you know, basically say that rather than putting forth an actual criterion or…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, that's great I'll do that.

George Hripcsak – Columbia University NYC

Yeah.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Does that work, George? Because, you know, it was…

George Hripcsak – Columbia University NYC

I'm not sure if were ready for that objective for Stage 3. I mean, I think we are ready to assess patients on many dimensions according to…and I guess risk for re-admission is one thing we can look at but I'm not sure if we ready for that as a separate objective tied to transitions of care and care coordination.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, so would this one go under the objective, you know, they're talking about…David's been talking about that patient list function based on selecting, you know, patients with high priority conditions…I guess it could go there.

George Hripcsak – Columbia University NYC

Well, I think I would put a comment under the other objective, our other objective that points to this and mentions that objective.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay.

George Hripcsak – Columbia University NYC

Now, maybe that's how you do it, in other words, this is a discussion topic under our main coordination of care objective and in there we mention that this should be done by disparities, you know, as per the other objective that you're referring to.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, and it doesn't track yet or anything, I agree, it doesn't do any of this functionality, I don't know where to put this, but it was like…and Eva, this was the point I think when we were talking about this, that got us to your proposal for that platform, you know, this is kind of where, you know, we jumped from the current state to the future state, right?

Eva Powell – National Partnership for Women & Families

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Because this is not something and individual, one individual system…you will do it in the context of venue, but across patient venues one individual system can't do this, so.

Eva Powell – National Partnership for Women & Families

Yeah.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

But we could do step one, identifying those potential patients at risk, but it's just one view-point of that.

Eva Powell – National Partnership for Women & Families

Yeah.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

All right, so George, where did you want me to put that again? Do you want me to put it up front or?

George Hripcsak – Columbia University NYC

Well, I was just thinking of where you would hang it as part of the discussion, like where would we put it in the transmittal letter, I might put it under our main transition of care objective. I guess the send and update, maybe the send and update objective is what I was thinking.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay.

George Hripcsak – Columbia University NYC

Well, does that make sense? I'm going to have to think about it, but that was my first thought.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

All right, well I will try and not make it too confusing for Wednesday and you can kind of see this particular section is evolving to a different plight and I think as the Workgroup looks at it they'll probably give us that feedback and then we'll evolve it from there. Does that work?

George Hripcsak – Columbia University NYC

Yeah, let's see.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Because I know when we evolved one of the sections last time it took a lot of time for the Workgroup to get on-board, so, all right.

George Hripcsak – Columbia University NYC

Well, this is not drastic change, so what we've ended up with is not so drastic that they should…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

No, we're lumping stuff now.

George Hripcsak – Columbia University NYC

There was a discussion that went into it, but…

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, we will not have a lot of objectives and we've lumped quite a bit, and I think simplified.

MacKenzie Robertson – Office of the National Coordinator

So, Charlene, this is MacKenzie, I know we're going to have to go public comment and we do have another call scheduled at 2:00 so we won't be able to run over, because they need a half hour before calls, so do you think we're ready to go to public comment?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes and just as a note to the Workgroup members those ones that were referred to us in terms of page 40, I do think that we have touched on those, I think we've covered those. So, we'll probably get some push back that we may not have as much patient engagement yet in our process but just note those as you're kind of looking over the material, okay.

George Hripcsak – Columbia University NYC

All right, guys, I have to sign off.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, so we're ready, MacKenzie, thank you.

MacKenzie Robertson – Office of the National Coordinator

Okay, operator can you please open the lines for public comment?

Public Comment

Rebecca Armendariz – Altarum Institute

If you would like to make a public comment and you are listening via your computer speakers please dial 1-877-705-2976 and press *1 or if you're listening via you telephone you may press *1 at this time to be entered into the queue. We have no comment at this time.

MacKenzie Robertson – Office of the National Coordinator

Okay, thank you.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

And thank you to the Workgroup members and we will…I'll send out what my revisions are hopefully by the end of today or if not, you know, first thing tomorrow.

Michelle Nelson – Office of the National Coordinator

Hey, Charlene, this is Michelle, I'll follow-up with you via e-mail because I missed some of the call, but I just want to touch base with you quickly.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
That would be great, thank you.

Michelle Nelson – Office of the National Coordinator
Okay, thanks.

MacKenzie Robertson – Office of the National Coordinator
Thanks everybody.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
Thank you, bye-bye.